Screening Form for Individuals Using Weight-Loss Supplements

Comorbid conditions that increase the risk of adverse reactions: High blood pressure (incompatible with stimulants) Other cardiovascular diseases Caffeine intake: Coffee Soft drinks with caffeine Tea Energy drinks/shots Allergies: Shellfish (client should avoid chitosan) ____ Milk (client should avoid Sensa) Soy (client should avoid Sensa) Wheat/gluten (found as an undisclosed filler in many supplements) Determine whether patient's physician will monitor liver enzymes and blood pressure. No Undetermined Yes Other prescription and nonprescription medications being taken: Undetermined Yes___ No ___ Other supplements being taken: No____ Undetermined Yes _ Other lifestyle modifications that assist with weight loss: Gets at least 30 minutes of physical activity per day (particularly important if using conjugated linoleic acid)? ____ Following a calorically restricted diet? ____ Other:

Advise discontinuation of supplement use with any of the following symptoms: nausea, vomiting, upset stomach, gas or bloating, diarrhea or loose stools, dizziness or vertigo, blurred vision, rapid heartbeat, insomnia or trouble sleeping, headaches, seizures, or increased anxiety.